BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

09888271

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			42]	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			42 minus 20=		• 22			X\$ 9=	192	OR	X\$18=	
INDEPENDENT CLAIMS			3 mir	nus 3 =	\mathcal{O}			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT		· · · · · · ·			+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	T(2	OR	TOTAL		
CLAIMS AS AMENDED - PART II									712	1011	OTHER	THAN
		(Column 1)		(Colu		(Column 3)	۱ ـ	SMALL ENTITY		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 42	Minus	4	シ_	=		X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	···/3	•	=		X40=		OR	X80=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						5	+135=		OR	+270=	
							ı	TOTAL		OB	TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS	`	HIGH	IEST	(Column 3)	1 r	•	ADDI-	1 1		ADDI-
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIM	= '		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .	 	X40=		OR	X80=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
• 1	f the entry in colu	+135=		OR	+270=							
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3" ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3"											
***	** If the #I lighted Number Draviewells Daid For IN THIS SPACE is less than 00 and 1970 F											